

AMENDED IN ASSEMBLY JUNE 18, 2008
AMENDED IN ASSEMBLY MAY 27, 2008
AMENDED IN SENATE JANUARY 29, 2008
AMENDED IN SENATE JANUARY 10, 2008
AMENDED IN SENATE JANUARY 7, 2008
AMENDED IN SENATE MAY 23, 2007
AMENDED IN SENATE APRIL 19, 2007

SENATE BILL

No. 491

Introduced by Senator Alquist

(Coauthors: Assembly Members Beall, *Berg*, *Brownley*, *Carter*,
Dymally, ~~and Horton~~ *Horton*, and *Levine*)

February 22, 2007

An act to amend Sections 1568.15 and 1568.17 of, and to add Chapter 2.5 (commencing with Section 105000) to Part 4 of Division 103 of, the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 491, as amended, Alquist. State Alzheimer's Disease Strategic Plan.

Existing law requires the State Department of Public Health to implement and administer various health promotion and preventative health services for older adults, as defined, in the state.

Existing law establishes the Alzheimer's Disease and Related Disorders Advisory Committee in the California Health and Human Services Agency. Existing law requires the committee to be composed of 12 members.

This bill would increase the committee's membership to 14 by adding 2 members who have been diagnosed with Alzheimer's disease, to serve one-year terms.

This bill would require the committee to be responsible for the development of the State Alzheimer's Disease Strategic Plan for the years 2010 to 2020, inclusive. The bill would require the committee to collaborate with a broad group of stakeholders, and to review current state policies and practices concerning treatment for Alzheimer's disease, and to develop specified recommendations relating to Alzheimer's care in the state. The bill would require the committee to submit the plan to the Governor and the Legislature by December 31, 2009. The bill would also require the committee to review the implementation and progress of the strategic plan, and, not less than every 2 years, to make recommendations to the Secretary of California Health and Human Services and the Legislature for updating the plan. The bill would provide that not more than \$50,000 shall be expended from moneys in the General Fund for the purposes of the bill and that funding shall be derived from existing resources.

Existing law renames the Health and Welfare Agency as the California Health and Human Services Agency.

This bill would correct obsolete references to the Health and Welfare Agency.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1568.15 of the Health and Safety Code
- 2 is amended to read:
- 3 1568.15. The Secretary of California Health and Human
- 4 Services shall be responsible for the oversight and coordination
- 5 of programs serving victims of Alzheimer's disease and related
- 6 disorders and their families. This responsibility shall include, but
- 7 not be limited to:
- 8 (a) State level support and assistance to all programs within the
- 9 Health and ~~Welfare~~ Human Services Agency and member
- 10 departments developed for this target population.
- 11 (b) Establishment of the Alzheimer's Disease and Related
- 12 Disorders Advisory Committee pursuant to Section 1568.17.

1 (c) Review of the recommendations contained in the 1987
2 California Alzheimer's Disease Task Force Report, in consultation
3 with appropriate state departments and the Alzheimer's Disease
4 and Related Disorders Advisory Committee.

5 SEC. 2. Section 1568.17 of the Health and Safety Code is
6 amended to read:

7 1568.17. (a) The California Health and Human Services
8 Agency shall establish an Alzheimer's Disease and Related
9 Disorders Advisory Committee consisting of 14 members selected
10 as follows:

- 11 (1) One representing the field of academic medical research.
- 12 (2) One representing the field of social research.
- 13 (3) One representing the field of mental health.
- 14 (4) One representing the Alzheimer's day care resource centers.
- 15 (5) One representing the Alzheimer's disease diagnostic and
16 treatment centers.
- 17 (6) Two representing families of persons suffering from
18 Alzheimer's disease or related disorders.
- 19 (7) Two representing organizations providing services to
20 Alzheimer's disease patients.
- 21 (8) One representing a consumer organization representing
22 persons with Alzheimer's disease.
- 23 (9) One representing a member of the State Bar who is familiar
24 with the legal issues confronting Alzheimer's disease victims and
25 their families.
- 26 (10) Two people who have been diagnosed with Alzheimer's
27 disease to serve one-year terms.
- 28 (11) The Secretary of California Health and Human Services
29 or his or her designee.

30 (b) Priority for membership shall be given to the members that
31 were, on December 31, 1987, serving on the task force established
32 under former Section 171.3, to ensure continuity, in monitoring
33 the implementations of the 1987 California Alzheimer's Disease
34 Task Force Report.

35 (c) Members shall serve at the pleasure of the Secretary of
36 California Health and Human Services. The agency secretary may
37 establish fixed terms for advisory committee membership. For
38 purposes of continuity, those terms shall be staggered.

(d) Members shall serve without compensation, but shall receive reimbursement for travel and other necessary expenses actually incurred in the performance of their official duties.

(e) The Alzheimer's Disease and Related Disorders Advisory Committee shall do all of the following:

(1) Provide ongoing advice and assistance to the administration and the Legislature as to the program needs and priorities of the target population.

(2) Appoint a chairperson and vice chairperson.

(3) Meet quarterly.

(f) All meetings of the advisory committee, and any subcommittees thereof, shall be open to the public and adequate notice shall be provided in accordance with Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 3. Chapter 2.5 (commencing with Section 105000) is added to Part 4 of Division 103 of the Health and Safety Code, to read:

CHAPTER 2.5. STATE ALZHEIMER'S DISEASE STRATEGIC PLAN

105000. The Legislature finds and declares all of the following:

(a) Roughly 500,000 California families are living with Alzheimer's disease and other dementia disorders.

(b) It is estimated that the incidence of these tragic diseases in California will triple, from approximately 500,000 to 1.5 million by the year 2050, as the state's population of baby boomers ages.

(c) The surge in the numbers of those persons affected by Alzheimer's disease, including family caregivers, will place a severe strain on the state's already challenged health, social services, and geriatric service delivery systems.

(d) Morbidity and mortality data collected by counties has demonstrated a dramatic and rapid increase in the number of deaths associated with Alzheimer's disease and other forms of dementia, making it the 8th leading cause of death in California, and the 7th leading cause of death nationally.

(e) Advances in Alzheimer's disease research and promising ongoing clinical trials are testing agents that may slow progress of the disease, delay its onset, and prevent the disease altogether,

1 as well as more effectively manage challenging behavioral
2 symptoms.

3 (f) The 10 Alzheimer’s Disease Research Centers of California
4 have made significant contributions to the advancement of
5 Alzheimer’s disease research, and it is imperative for the state to
6 have primary care and long-term care delivery systems that are
7 positioned to utilize these research findings to improve care for
8 persons living with Alzheimer’s disease and other dementia
9 disorders.

10 (g) While advances in Alzheimer’s research create hope for the
11 future, they will not head off the increasing need for community,
12 home, and residential care that is equipped to care for persons
13 suffering from Alzheimer’s disease and other dementia disorders.

14 (h) To avoid bankrupting our health and social service systems
15 serving the elderly, California must prepare now by identifying
16 strategies that will provide appropriate care to families coping with
17 caring for a family member afflicted with Alzheimer’s disease.

18 (i) It is in the interest of the state to better serve the
19 approximately 500,000 families statewide who are currently
20 struggling to care for a family member with Alzheimer’s disease.

21 (j) It is also in the interest of the state to adequately serve the
22 following emerging populations:

23 (1) Underserved and unserved families.

24 (2) Persons in the very earliest stages of Alzheimer’s disease,
25 and those individuals suffering from other dementia disorders.

26 (3) Persons with special needs who cannot access existing care
27 systems.

28 (4) Non-English speakers, and ethnically diverse populations
29 coping with memory loss.

30 (5) The mentally ill.

31 (6) Rural residents.

32 (7) Younger populations afflicted with early onset Alzheimer’s
33 disease.

34 105001. (a) The Alzheimer’s Disease and Related Disorders
35 Advisory Committee shall be responsible for the development of
36 the State Alzheimer’s Disease Strategic Plan for the years 2010 to
37 2020, inclusive.

38 (b) As used in this chapter, “committee” means the State
39 Alzheimer’s Disease and Related Disorders Advisory Committee,
40 established pursuant to Section 1568.17.

(c) As used in this chapter, “plan” means the State Alzheimer’s Disease Strategic Plan.

105002. (a) The committee shall collaborate with a broad group of stakeholders in the development of the plan.

(b) The committee shall review current state policies and practices concerning treatment for Alzheimer’s disease, and shall develop recommendations concerning all of the following issues:

(1) Community-based support for California’s diverse people with Alzheimer’s disease and their family members.

(2) A public health, integrated care management approach to Alzheimer’s disease care in health care settings that makes full use of best dementia care practices.

(3) The dementia competence of health care professionals.

(4) Choices for care and residence for persons with Alzheimer’s disease and their families.

(5) Early identification and intervention through increased public awareness of Alzheimer’s disease.

(c) In the development of the plan, the committee and any workgroups established shall consider the recommendations of other state plans, including, but not limited to, the Olmstead Plan, the *Long-Range Strategic Plan on Aging*, and the California Department of Aging’s ~~Five-Year Plan~~ *State Plan on Aging*.

(d) The committee shall also make good faith efforts to ensure that any workgroups established to assist in the development of the plan reflect, to the extent feasible, the racial and ethnic diversity of the state.

(e) Any work groups that are established to assist in the development of the plan may include, but are not limited to, members representing all of the following groups:

(1) A representative of a relevant Alzheimer’s disease provider group.

(2) A family caregiver of a person with Alzheimer’s disease.

(3) A person in the early stages of Alzheimer’s disease.

(4) A representative of the Alzheimer’s Association.

(5) A representative of state government.

(6) *A representative of the California Commission on Aging.*

(f) Any workgroups established to assist in the development of the plan shall consider cultural and linguistic factors that impact persons with Alzheimer’s disease and their families who are from diverse populations when addressing the issues identified in

1 subdivision (b), and, when necessary, shall consider those factors
2 when making public policy recommendations to be included in
3 the plan.

4 (g) The Secretary of the California Health and Human Services
5 Agency may designate a full-time staff person to support the work
6 of the committee in the development of the plan.

7 105003. Meetings and work to develop the plan shall make
8 maximum use of teleconference technology.

9 105004. Any workgroups established to develop the plan shall
10 identify specific state public policy actions needed to address the
11 issues described in subdivision (b) of Section 105002.

12 105005. The committee shall submit the plan to the Governor
13 and the Legislature by December 31, 2009.

14 105006. The committee shall review the implementation
15 progress of the plan and shall, not less than every two years, make
16 recommendations to the secretary and the Legislature regarding
17 any necessary and recommended updates to the plan.

18 105007. Development of the plan shall be carried out by means
19 of a public private partnership, in which the state and the
20 Alzheimer's Association both dedicate resources to develop the
21 plan and solicit stakeholder and public input.

22 105008. Not more than fifty thousand dollars (\$50,000) in
23 General Fund moneys shall be expended for purposes of this
24 chapter. Funding for this chapter shall be derived from existing
25 resources.